

Bureau of Health Care Quality and Compliance

*Acceptable POC on 3/7/13 AE*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  <b>NVS6281AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIVINGSTON HOME, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5858 PALMYRA AVE LAS VEGAS, NV 89146</b>		
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/29/13. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and six employee files were reviewed.	Y 000		
Y 020 SS=D	The facility received a grade of D.  The following deficiencies were identified:  449.190(1)(a)-(e) Contents of License Administrator's Name  NAC 449.190 License: Contents; validity; transferability; issuance of more than one type.  1. A license to operate a residential facility must include: (a) The name of the administrator of the facility. (b) The name and address of the facility; (c) The type of facility;	Y 020 <i>AE OK 2/26/13</i>	<div style="text-align: center;"> <p><b>RECEIVED</b></p> <p><b>FEB 22 2013</b></p> <p>BUREAU OF HEALTHCARE QUALITY &amp; COMPLIANCE LAS VEGAS, NV</p> </div> <p>a) The facility is aware of the 10 beds residents capacity and the excess bed was immediately removed from Room # 7, (Refer to attachment # 1-TAG-Y020)</p> <p>b) Physical counts of bed will be monitored to ensure that there will be no excess from the 10 beds required by the bureau of Licensing. The administrator will monitor for compliance.</p> <p>c) Date: 1/30/13</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Francesca Salcedo* TITLE *Administrator* (X6) DATE *2-22*  
STATE FORM 6899 Y JFK11 If continuation sheet 1 of 17

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Y 020	Continued From page 1  (d) The maximum number of residents authorized to reside at the facility; and (e) The category of residents who may reside at the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 1/29/13, the facility had 11 beds in the facility; while being licensed for 10 total beds (extra bed in Bedroom #7).  Severity: 2 Scope: 1	Y 020		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types  NAC 449.190 License: Contents; validity; transferability; issuance of more than one type.  3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.	Y 026  <i>AE dc 2/27/13 per Deb.B.</i>	a) Resident # 7 was admitted to Hospice Care on 2/12/13 and a Waiver to Retain the Resident was filed to the bureau. (Refer to Attachment # 2- TAG-Y-026-A,B,C)  b) Proper assessment for the condition of the resident will be considered to make the proper requirement procedure upon admission to the home. Necessary documents will be completed for the resident to be eligible to stay. The administrator will monitor for the compliance.  c) 2/13/13	
	This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility was caring for 1 of 10 persons with mental illness without an endorsement (Resident #7).			

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Nevada State Health Division

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Y 026	Continued From page 2  Findings include:  Resident #7 had been admitted to the facility on 1/17/13 with a diagnosis of end stage debility, dementia, diabetes mellitus, schizophrenia and bi-polar disorder. There was no diagnosis of Alzheimer's disease indicated anywhere in the resident's file. Nor did the resident have a Standard Placement form, completed or signed by a physician, in her file.  Severity: 2 Scope: 1	Y 026			
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.  1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 2 of 10 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2- missing 2012 annual TB skin test and Employee #3-missing two step TB skin test).	Y 103 <i>AE</i> <i>OK</i> <i>2/26/13</i>	a) Employee # 2 has taken her annual Tb skin test. First step on 2/6/12) and was read on 2/8/12 the second step was done on 2/11/13 and was read 2/13/13 (Refer to Attachment # 3-Y103). -Employee # 3 got her second step Tb test on 5/17/12 (Refer to Attachment # 4-Y103-A)  b) Employees file will review every 6 months to ensure that annual TB skin test is current. Employee checklist will be utilized to determine if annual TB test is needed and recertification is to be done before its expiration date. The administrator will monitor for compliance.  c) 2/14/13		

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Y 103	Continued From page 3	Y 103		
Y 356 SS=D	<p>Severity: 2      Scope: 1</p> <p>449.222(6) Bathrooms and Toilet Facilities</p> <p>NAC 449.222 Bathrooms and toilet facilities; toilet articles.</p> <p>6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 1/29/13, the facility did not ensure the locks on 1 of 5 bathroom doors could be opened with a single motion (front hall bathroom).</p> <p>Findings include:</p> <p>The bathroom required a double motion to unlock from the inside of the bathroom and required a key to open from the outside of the bathroom.</p> <p>Severity: 2      Scope: 1</p>	<p>Y 356</p> <p><i>AE</i> <i>AL</i> <i>2/26/13</i></p>	<p>a) The hall bathroom lock was replace into a single motion lock so that it can easily be open (Refer to Attachment # 5-TAG-Y 356)</p> <p>b) All bathroom lock will be check to ensure that it can be easily opened by anyone who needs to use it for comfort. The administrator will monitor for compliance.</p> <p>c) 2/2/13</p>	
Y 740 SS=D	<p>449.272(1)(a)-(c) Indwelling Catheter</p> <p>NAC 449.272 Residents requiring use of indwelling catheter.</p>	Y 740		

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Y 740	Continued From page 4  1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care. (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.	Y 740  <i>AE OK 3/7/13</i>	a) Resident # 5 with the coordination of the Hospice care has completed a waiver submitted to the bureau of licensing to be retained in the facility. All his personal and medical needs are properly being undertaken with all the assistance from the Hospice Care without being a danger to any other resident in the facility.  b) All physical, medical and security measures including the care for the indwelling catheter are being taken care from the Hospice and the services of the trained caregivers. The administrator will monitor for compliance  c) 2/1/13 (note: refer to attachment # 6-TAG-Y 740-A,B,C,D)  <i>See attached Addendum for Resident #9</i>	
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/29/13, the facility admitted and retained two residents who were not mentally capable of caring for all aspects of an indwelling catheter (Resident #5 and #9).  Severity: 2      Scope: 1			
Y 859 SS=D	449.274(5) Periodic Physical examination of a Resident  NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical	Y 859		

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Y 859	Continued From page 5 care by resident; written records.  5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on interview and record review on 1/29/13, the facility failed to ensure 1 of 10 residents received a pre-admission physical examination (Resident #1).  Severity: 2    Scope: 1	Y 859  <i>Ac</i> <i>ok</i> <i>2/26/13</i>	a) Resident # 1 physical examination for admission was done on 1/11/13. This is to cover a new admission process of the home. (refer to attachment # 7-TAG-Y 859-A,B,C,D)  b) Physical examination upon admission will be required to determine the resident's physical and medical condition. This will be properly filed and will be done every year. The administrator will monitor for compliance.  c) 1/11/13 Compliance date 2/6/13	
Y 878 SS=E	NAC 449.2742(5)(6) Medication 1 OTCs, Supplements, Change Order  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by	Y 878		

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Y 878	<p>Continued From page 6</p> <p>Another physician. The over-the counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <ol style="list-style-type: none"> <li>(1) Comply with the order;</li> <li>(2) Indicate on the container of the medication that a change has occurred; and</li> <li>(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;</li> </ol> <p>(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p>	<p>Y 878</p> <p><i>AE OK 2/26/13</i></p>	<p>a) 1- A resident vitamin D, after the survey, vitamin D was provided by the family. (They accept the responsibility of supplying the medicine, but at the same time there is a written documentation that she will not be force to take the vitamin D)</p> <p>2- Furthermore the caregiver kept on reminding the family that they ran out of vitamin and they need to refill for resident # 1 to take.</p> <p>3- It will be a must for the family to be reminded and supply the vitamin needed and written documentation of the verbal documentation will be log. (attachment # 8-TAG-Y 878-1,2,3,4)</p> <p>b) Resident # 3 medications are being provided by the wife of the resident. The facility did not fail to remind the wife about the running out of supply of his medication so the administrator talked to her and requested her to allow the facility to take charge of the ordering and picking of the medication. She now authorized the facility to do the job to avoid running out of supply. (refer to attachment # 9-TAG-Y878-A)</p> <p>c) Resident # 4 – SENNA PLUS had a change of dosage from 2 tabs twice daily into 1 tab 3x a day. Resident # 4 passed (refer to attachment # 10-TAG-Y 878-A,B,C)</p> <p>d) Resident # 10, already passed away (refer to attachment # 11-TAG -Y 878D)</p> <p>e) Medication prescription, changes and medication administration record will be received and back checked regularly as much as possible every other day to ensure the proper administration and recording is properly undertaken to avoid further complication. The administrator will monitor for compliance.</p> <p>f) 2/1/13</p>	

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Y 878	<p>Continued From page 7</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 4 of 10 residents received medications as prescribed (Resident #1, #3, #4 and #10).</p> <p>Findings include:</p> <p>Resident #1 Prescribed Vitamin D 1000 units, two capsules twice a day on Monday, Tuesday, Wednesday, Thursday and Friday. The facility had been out of the supplement since 1/5/13 (approximately 24 days).</p> <p>Resident #3 Prescribed Spironolactone 25 milligrams (mg), one tablet twice a day. The facility had been out of the medication since 1/23/13 (approximately 6 days). Prescribed Ketoconazole 2 %, to be applied twice a day. The resident had missed twelve applications. Prescribed Triamcinolone 0.1 %, to be applied twice a day. The resident had missed eleven applications. Prescribed Clobetasol 0.05 %, to be applied twice a day. The resident had missed eleven applications. Prescribed Temazepam 30 mg, one tablet at bedtime. The facility had been out of the medication for four days. Prescribed Tramadol 50 mg, one tablet every 4 hours. The facility had been out of the</p>	Y 878			

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Y 878	Continued From page 8  medication for 5 days and had missed 18 doses of the medication.  Resident #4 Prescribed Senna Plus 8.6 mg, two tablets twice a day. The resident was being one tablet three times a day.  Resident #10 Prescribed Omeprazole 20 mg, one capsule twice a day. The resident was being given one capsule once a day.  Severity: 2 Scope: 2	Y 878		
Y 883 SS=D	449.2742(7) Medication 1 Resident Refusal  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to notify the physician of 2 of 10 residents within 12 hours of missed medication doses (Resident #1- Vitamin D supplements and Resident #3- Ketoconazole 2	Y 883  <i>AE</i> <i>OR</i> <i>2/26/13</i>	a) Caregivers were instructed that missed or refused medication be recorded and to be documented to notify physician even thru telephone with the notification sheet. (refer to attachment # 12-A-TAG-Y 883-A) <i>B, C, D, E</i>  b) All medications being refused or missed by the residents will be documented and the physician be notify within 12 hours even thru telephone. This will be filed in each resident personal file. The administrator will monitor for compliance.  c) 2/3/13	

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Y 895 SS=C	<p>449.2744(1)(b 1-4)+449.2746(2) Medication / MAR-PRN MAR</p> <p>NAC 449.2744 Administration of medication: Maintenance and contents of logs and records.</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <ul style="list-style-type: none"> <li>(1) The type of medication administered;</li> <li>(2) The date and time that the medication was administered;</li> <li>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</li> <li>(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</li> </ul> <p>NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.)</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <ul style="list-style-type: none"> <li>(a) The reason for the administration;</li> </ul>	<p>Y 895</p> <p><i>AE</i> <i>OK</i> <i>2/26/13</i></p>	<p>a) Medication Administration Record was reviewed, inspected and checked and caregivers were called for a meeting to re-educate and re-train them for the proper and accurate recording and administration of medications. (refer to attachment # 13-TAG-Y 895)</p> <p>b) Medication Administration Record of all the residents will be reviewed and countercheck every day to ensure that medication are properly administered and recorded and to avoid erroneous recording. The administrator will monitor for compliance.</p> <p>c) 2/3/13</p>	

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Y 895	<p>Continued From page 10</p> <p>(b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure the medication administration record (MAR) was accurate for 8 of 10 MARs that were inspected (Resident #1, #2, #3, #4, #5, #6, #7 and #10).</p> <p>Resident #1- Medications had not been signed as given at 8 AM on 1/29/13.</p> <p>Resident #2 - Four medications had not been signed as given on several occasions (Simvastatin, Doc-Q-Lace, Risperidone and Mirtazepine).</p> <p>Resident #3 - Ten medications had not been signed as given on several occasions (Furosemide, Spironolactone, Ketoconazole, Triamcinolone, Clobetasol, Cyproheptadine, 2 Warfarins, Temazepam and Tramadol).</p> <p>Resident #4 -</p>	Y 895		

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STATE FORM

6899

Y JFK11

If continuation sheet 11 of 17

## Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  <b>NVS6281AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2013</b>
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Y 895	Continued From page 11  Two medications had not been signed as given on 1/28/13 at 2 PM and 8 PM (Haloperidol and Dok capsules). Prescribed Senna Plus 8.6 milligrams (mg), two tablets twice a day. The MAR read to give one tablet three times a day. Resident #5- Six medications had not been signed as given on several occasions (Oxybutynin, HydrocolAPAP, Lorazepam, Haloperidol, Trazodone HCL and Senna Plus). Resident #6- Prescribed Temazepam 30 mg, one tablet every night. The MAR read to give one 15 mg tablet every night. Resident #7- Prescribed Clotrimazole and Betamethasone, apply twice a day. The medication had not been signed as applied on 1/21/13 and 1/22/13 at 8 AM or on 1/28/13 at 8 PM. Resident #10- Six medications not signed as given on several occasions (Senna, Digoxin, Systane Opth, Preser Vision, Citalopram and Albuterol). Two different cough syrups were written on the as needed (PRN) sheet (Guaifenesin and Q-Tussin). Three "as needed" medications not listed on the PRN sheet (Temazepam, Morphine and Promethazine). Prescribed Omeprazole 20 mg, one capsule twice a day. The MAR read to give one capsule once a day.  Severity: 1      Scope: 3	Y 895		
Y 920 SS=F	449.2748(1-2) Medication Storage  NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident.	Y 920		

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Nevada State Health Division

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Y 920	<p>Continued From page 12</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room.</p> <p>This Regulation is not met as evidenced by: Based on observation on 1/29/13, the facility failed to ensure all resident medications were kept in a secured area (Imodium and Vitamin D supplements were found in a nightstand drawer in Bedroom #1).</p> <p>Severity: 2 Scope: 3</p>	<p>Y 920</p> <p><i>AE</i> <i>OK</i> <i>2/26/13</i></p>	<p>a) Medication and vitamin supplement found in a night stand drawer in bedroom I were transferred and kept in a secured and lock cabinet, (refer to attachment # 14-TAG-Y 920) and instructed all caregivers on duty to be aware of all medication found in each of the residents possession.</p> <p>b) All medications whether over the counter or prescribed will be kept in a secured locked box or cabinet to ensure safety and protection. The administrator will monitor for compliance</p> <p>c) 1/30/13</p>	

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Y 930	Continued From page 13	Y 930		
Y 930 SS=B	<p>449.2749(1)(a) Resident File-Storage, Res Information</p> <p>NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 4 of 10 resident files contained complete information related to the resident (Resident #2, #3, #7 and #10).</p> <p>Findings include:</p> <p>Resident #2's Resident Agreement/Contract had not been signed by the resident or her representative.</p> <p>Resident #3's Medication Management Agreement had not been signed by the resident</p>	<p>Y 930</p> <p><i>AE</i> <i>OK</i> <i>2/26/13</i></p>	<p>a) Resident # 2 contract/ agreement had been signed by 2/8/13. (Refer to attachment # 15-TAG-Y 930). Resident # 2 completed admission record and agreement pages 1 to 28 -Resident # 3 medication management agreement has been signed by resident # 3 on 1/29/13 (refer to attachment # 16-TAG- Y 930-A) -Resident # 7's standard placement determination was completed by the resident physician on 2/21/13 (attachment # 17 TAG-Y 930-B) -Resident # 10 passed away (attachment # 18-TAG-Y 930-C)</p> <p>b) All admission documents will be signed and completed on the day the resident will be admitted to stay in the facility. The administrator will monitor for compliance.</p> <p>c) 2/20/13</p>	

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Y 930	Continued From page 14  or his representative. Resident #7's physician had not completed and signed a Standard Placement Determination form for the resident. Resident #10's Medication Management Agreement, Resident Agreement/Contract and several other important forms had not been completed or signed by the resident or his representative.  Severity: 1 Scope: 2	Y 930			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.  1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review and interview on 1/29/13, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding	Y 936  <i>AE OK 2/26/13</i>	a) Resident # 1 has done the annual TB skin test first step on 2/4/13 and was read on 2/6/13 the second step was done on 2/11/13 and was read 2/13/13 (refer to attachment # 19- TAG-Y 936)  b) All resident files will be reviewed every six months to determine if TB skin test is current and a resident checklist will be utilized to know if re- certification is needed before its expiration date. The administrator will monitor for compliance.  c) 2/14/13		

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Y 936	Continued From page 15  tuberculosis testing (Resident #1-missing annual 2012 TB skin test).  This was a repeat deficiency from the 10/8/12 complaint investigation survey.  Severity: 2      Scope: 1	Y 936		
Y 994 SS=F	449.2756(1 )(e) Alzheimer's facility – Dangerous Items  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Based on observation and interview on 1/29/13, the facility failed to ensure dangerous items were not accessible to 10 of 10 residents (a pair of scissors and several boxes of razors were found unlocked in resident bathrooms and bedrooms).  Severity: 2 Scope: 3	Y 994  <i>AC</i> <i>OK</i> <i>2/26/13</i>	a) All dangerous and sharp items like scissor and razor were kept in a locked and secured area. (refer to attachment # 20-TAG-Y 994-A)  b) All caregivers on duty were reminded and instructed that all sharp and dangerous items will be kept in a secured and locked area (cabinet) inaccessible from all residents; anyone who needs it will sign a log and have the key to access the said items to ensure safety and protection. (attachment # 20-TAG-Y 994-B) The administrator will monitor for compliance.  c) <i>2/1/13</i>	
Y 999 SS=F	449.2756(1 )(g) Alzheimer's Facility-Toxic substances	Y 999		

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Y 999	<p>Continued From page 16</p> <p>NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees.</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 1/29/13, the facility failed to ensure toxic substances were inaccessible to 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Findings include:</p> <p>1. A plastic container of nail polishes and nail polish remover were found in an unlocked front hall closet. 2. Cleaning supplies were left unattended by housekeepers in Bedroom #6.</p> <p>Severity: 2      Scope: 3</p>	<p>Y 999</p> <p><i>Re OK 2/26/13</i></p>	<p>a) Reminders were given to all caregivers that all toxic substances and cleaning supplies (regardless of who owns it) will be kept in a locked secured area inaccessible to residents. (refer attachment # 21-TAG-Y 999)</p> <p>b) Reminder of instruction will be posted in the proper area were to keep toxic substances and cleaning supplies that the are/cabinet will be always locked. Anyone who needs to use it will sign in a log and secure a key to open the said locked area/cabinet to monitor who is responsible in order to ensure safety and protection. The administrator will monitor for compliance.</p> <p>c) 2/1/13</p>	

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